

UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	<i>Attorney Docket No.</i> A-9049	
	<i>First Inventor or Application No.</i> SCHOENBLUM	
	<i>Title</i>	HYBRID RATE CONTROL IN A DIGITAL STREAM TRANSCODER
	<i>Express Mail Label No.</i> EL871765661US	

10/65106
S-PRO
08/06/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>56</u>]</p> <p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>13</u>]</p> <p>4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</p> <p>16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10/397,658</p> <p>Prior application information: Examiner: UNKNOWN Group Art Unit: 2819</p>																		
ACCOMPANYING APPLICATION PARTS																		
<p>5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 (COPIES) Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> Other:</p>																		
17. CORRESPONDENCE ADDRESS																		
<p><input checked="" type="checkbox"/> Customer Number or Bar Code 05642 or <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>			Name				Address				City	State	Zip Code		Country	Telephone	Fax	
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Name (Print/type)	SHELLEY L. COUTURIER	Registration No. (Attorney/Agent)	47,503
Signature	<i>S. Couturier</i>		Date AUGUST 6, 2003

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: SCHOENBLUM

DOCKET NO.: A-9049

TITLE: HYBRID RATE CONTROL IN A DIGITAL STREAM TRANSCODER

AUGUST 6, 2003

FEE TRANSMITTAL FORM

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

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Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 84.00	\$000.00
Total Claims	32	20	12	\$ 18.00	\$216.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$750.00	\$750.00
Total Filing Fee					\$966.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.510
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By:


SHELLEY L. COUTURIER

Agent of Record
Reg. No.: 47,503
Phone: (770) 236-2352
Fax No.: (770) 236-4806

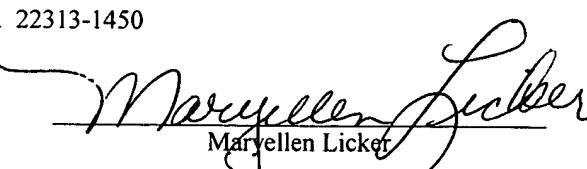
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